

# The Grog Ration



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CDR Samuel Bookatz, MSC, USNR

# NAVY ARTIST IN WAR

Commander Samuel Bookatz paints a mural from his Lincoln Bedroom White House Studio. Circa 1942.

BUMED Library and Archives

By Jan K Herman

Ancient Romans preferred to avoid the allusion to death. In referring to someone who had recently died, they would use the Latin term “vixerat,” meaning “He has lived.” Samuel Bookatz, a retired Medical Service Corps Officer and noted artist, died on November 16th at his home in Georgetown, DC. He was 99. With his death we are reminded that *he had lived* a meaningful existence. In a career that spanned more than 80 years, he was always a prolific and innovative painter.

His art, which includes oils, acrylics, frescoes, contés, pastels, sketches, lithographs, drawings, castings, pottery, painted glass, and sculpture, can be found in the collections of noted galleries and public buildings throughout the country—the Corcoran, Phillips, Hirschhorn, Smithsonian, Cleveland Museum of Art, Rochester Museum of Art, Library of Congress, Franklin D. Roosevelt Memorial Library, the White House, and in many commercial buildings and houses of worship.

Throughout his long career, he was commissioned to create portraits of many influential leaders in government, science, medicine, and the arts. As he approached his centennial year, advancing age did little to curtail his passion for art; he was still sketching and painting well into his final year.

As with many artists, Bookatz could never be pigeonholed. His stylistic periods changed as frequently as the chapters of his very eventful life. Never eternally wedded to canvas, oils, acrylics,





## HOSPITAL CORPS SCHOOL -- PORTSMOUTH, VA

In 1942, Bookatz was commissioned by the Naval Hospital Corps School in Portsmouth, VA, to paint four murals depicting the Hospital Corps afloat and ashore. These murals—named respectively “Ambulance Plane,” “Attack on Ship,” “Battalion Aid Station,” and “Fallen Comrade”—are among fifteen Navy medical murals Bookatz painted during World War II.

*NSHS Portsmouth Collection*

tempera, or even two dimensions, he found no medium too exotic or common. He sculpted concrete and plaster and applied his paints to frescos and murals, fabric, tar paper, and tree bark. During many productive winters spent in Hawaii, he employed hotel bed sheets, which served as instant canvases ready to receive richly saturated colors inspired by Hawaii’s lushness.

His style was as diverse as his media and ranges from classical portraiture to abstract to contemporary. If Samuel Bookatz’s art was never prosaic, neither did his career follow a prepared script. Born in Philadelphia of Russian immigrants on 3 October 1910, he spent his early life in Cleveland. As a youth in that city, he often visited the hospital where his brother practiced as a young surgeon. Samuel drew what he saw, and his fascination with the human form grew with each of these visits.

He graduated from the Cleveland School of Art, studied under the Russian painter Alexander Iacovl-

eff (1887-1938), then learned anatomy at Harvard Medical School, not to practice the healing art but to comprehend what lay hidden beneath the veneer of human skin. Winning the prestigious William Page Award and receiving a Prix de Rome mention enabled him to travel abroad. From 1937 to 1939 he painted and traveled—vagabond and observer. All Europe was his studio—Rome, the sun-drenched Adriatic coast of Yugoslavia, Budapest on the Danube, post-civil war Madrid, and, of course, Paris’s Rive Gauche.

If it was a heady experience for a maturing young man, it could be dangerous as well. As he once sat in a window alcove to sketch Mussolini delivering a fascist diatribe, the police arrested him for having dishonored their leader. One did not sit in the Duce’s presence, they reminded him.

As Hitler intimidated his way toward conquest, Bookatz himself sampled what was to come. When he intervened on behalf of a Jewish child refugee traveling to

Paris from Yugoslavia, Nazi guards threw him off the train for his insolence. It might have been worse, he pointed out years later.

There were other incidents, other jails. French authorities detained him as a suspected saboteur the night a ship mysteriously burned at a Marseilles pier. Bookatz bribed his way out of that scrape and departed France virtually penniless.

If court painter had been an American institution, Samuel Bookatz would have held that title in the Roosevelt White House. Peculiar circumstances put Samuel in the Navy and FDR was a Navy aficionado. After returning from Europe in 1941, Bookatz was commissioned to do a portrait of David Dietz, a famous author, science editor, and an advisor to President Roosevelt. At that time Bookatz realized he was going to be drafted into service. “Dietz told me he was going to Washington the next day to see the President,” Bookatz recalled in a 1984 interview. “‘How would you like to be in the Navy?’ Dietz asked me and I said that

would be great.” Dietz returned a few days later and told Bookatz that he was now in the Navy. Strange as it may seem today, the president sought a good artist to document the Navy’s contributions to the war effort.

As a Lieutenant (junior grade) in the Hospital Corps (footnote), Samuel Bookatz’s first duty station was the White House. There he took up residence in his new studio—the Lincoln Bedroom. “It was the most fabulous thing you can imagine,” he recalled. “I had to paint in the corner of the room to get the best light while Mrs. Roosevelt wrote her newspaper column, ‘My Day’ in an adjoining room. Often, I would hear her old typewriter clacking away and it would disturb me but, of course, I couldn’t say anything. And when I was through for the day, I washed my brushes in the White House sinks, right near where the President’s meals were being prepared.” And while Bookatz painted in their midst, Roosevelt and his advisors made the decisions and planned the grand strategy for final victory over the Axis. Bookatz painted and sketched the President and the First Lady and began his portrait of the President’s physician VADM Ross T. McIntire. All of these works now hang at the National Naval Medical Center Bethesda, MD.

Throughout the war, Bookatz documented the Navy Medical Department in his paintings. Among his wartime oeuvre are four murals depicting the Hospital Corps afloat and ashore. Painted in 1942 for the Hospital Corps School and Naval Hospital Portsmouth, VA, these murals—named respectively “Ambulance Plane,” “Attack on Ship,” “Battalion Aid Station,” and “Fallen Comrade”—are among fifteen murals Bookatz painted during World War II.

FDR passed away just as the European war drew to a close. Samuel Bookatz left Washington for his new assignment in plastic surgery at Naval Hospital Oakland, CA. The Navy needed his skills in anatomy to help rebuild the mutilated faces of the wounded returning from the Pacific Theater. “I worked with some of the greatest surgeons in the world. I cut cartilage for facial reconstruction right in the operating room. I would also do sketches of the patients as the operation proceeded.”

The Navy recalled him to duty during the Korean War and eventually he retired as a commander. His uncommon chapter as chronicler of war had ended. Yet even when confronted with the dilemma of war’s compatibility with art, he pointed to one of modern history’s greatest combat artists, Francisco

Goya. “Goya’s canvases run with blood, yet there’s beauty there also. Look at Picasso’s ‘Guernica,’” he once said. “What is depicted on that canvas is horrifying, yet beautiful at the same time. One can find beauty in ugliness.” Finding beauty in everything and expressing it using everything at his disposal, was what Samuel Bookatz was all about.

After he met his wife Helen in the late ’40s, together they designed and built many homes/galleries in the Washington area. Although he worked from his main studio in Georgetown since 1946, he also maintained a gallery in Alexandria, VA. During the late 1940s and ’50s, Samuel Bookatz was instrumental in being an early promoter of the art movement in the nation’s capital. He was also noted for having supported many organizations that advocated the arts and humanitarian causes. Samuel Bookatz is survived by his wife, Helen S. Bookatz, loving family and friends, and thousands of works of art. He will be interred at Arlington National Cemetery with full military honors.

## ABOUT THE AUTHOR

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Here we see the artist and, then Nurse Corps Director, RDML Mariann Stratton, standing in front of a portrait of CAPT Nellie Jane DeWitt, circa 1990.

*BUMED Library and Archives*



# FROM THE BOOK OF SURGEONS JOHN RUSH SURGEON, U.S. NAVY (1777-1837)

*Since 2007, the Office of the Navy Medical Historian at BUMED has been compiling biographical information on the physicians that laid the foundation of the early Navy Medical Department (1798-1900). Beyond the end goal of a comprehensive biographical directory of pioneers, we hope this "Surgeons Book" will serve to illuminate these little known and forgotten naval medical figures of yesteryear and rescue them from the dark and deep recesses of obscurity.*

*Throughout this year we will present some of these lives in a series entitled "From the Book of Surgeons." In this first installment we present the life of Surgeon John Rush, USN. When he received his commission in 1798, this son of a "Founding Father" had a promising future within reach. Less than eight years later, Rush's career was shattered by a duel and his psychological health was forever impaired. This article is not about the glory of war nor is it a justification of the subject's importance. Rather it should be viewed as a simple case study reminding us that every name hides a life of experience.*

Owing to the date of his commission and name, John Rush holds the distinction of being the seventh physician to join the U.S. Navy. He was born on 17 July 1777 in Philadelphia, PA, to what can be considered patriot blue blood. His father was Dr. Benjamin Rush, a signer of the Declaration of Independence and arguably the most noted American physician of his day. John's mother was Julia Stockton, herself a daughter of another signer of the Declaration, Richard Stockton. John was the first of 13 Rush children. And it could be said, like the children of any famous person, "great things" were expected of him.

There's no denying that John's father was a giant of the Enlightenment whose varied interests extended well beyond medicine and science. Among Dr. Benjamin Rush's noted achievements include representing Pennsylvania in the Continental Congress and later being appointed as the Treasurer of the U.S. Mint. He served as a wise and well-respected friend and counsel to his congressional colleagues John Adams and Thomas Jefferson in all practical matters to the end of his life. As a humanitarian, Rush was a leader in the early abolitionist movement, and a prominent prison reformer whose writings influenced the development of the Pennsylvania System of capital punishment (i.e., solitary confinement within individual cells whereby the prisoners could silently reflect on their misdeeds and find "penitence.") Even after a trifling glance at Rush's many glories one realizes that neither John, nor his siblings, stood a chance of surpassing their father's shear eminence. Indeed, Rush's larger than life



## OLDEST HOSPITAL

Founded in 1755 by Benjamin Franklin and Dr. Thomas Bond, Pennsylvania Hospital holds the distinction of being the oldest hospital in the United States.

As a child, John Rush often accompanied his father Dr. Benjamin Rush on visits to the hospital. He would once again return to this facility as an adult patient.

*Photo by author*



presence overshadowed the lives of most of his children. Even today, when researching John Rush you will find his father's published correspondence as the most accessible source of information.

### GROWING UP JOHN RUSH

As a parent, Dr. Benjamin Rush practiced what he later preached in trying to reform prisons. In a letter to a family friend dated 1789, he wrote that he is not a believer in "corporal corrections" in children over three or four. Instead, he proposed confinement and solitude which were very much in line with the Quaker principle of penitence (and ultimately the foundation for penitentiaries). In this same letter, Dr. Rush actually boasts that his son John, "has more than once begged me to flog him in preference to confining him."<sup>1</sup>

It could be said that Dr. Rush exposed John to what can be called

the raw side of life. When John was nine years old he began accompanying his father on trips to Pennsylvania Hospital where Dr. Benjamin Rush had been serving as a staff physician since 1783. In a letter to wife Julia, Dr. Rush wrote that on one visit John witnessed "a painful and bloody operation"<sup>2</sup> without exhibiting any emotion. And on Sunday morning, 23 August 1786, John journeyed with his father through the wing of the Pennsylvania hospital where the mentally ill were kept. There they visited the cell of a "young woman once handsome and of a respectable family. She was chained to the floor. Upon seeing a potato in John's hand, which the steward of the Hospital had given him, she asked him for it and accompanied her request with tears. She instantly filled her mouth with the whole of it, and for half a minute it seemed as if it would have choked her."<sup>3</sup> Dr.

Rush described his son as looking "petrified." Once he recovered his speech, John asked his father the cause of madness, whether or not it could be cured, and whether people died from it. It is a cruel irony of fate that has John Rush returned to the hospital's sanitarium as an adult patient.<sup>4</sup>

### "NOTHING BUT A DOCTOR"

At the age of nine, John declared to his father that he too would be "nothing but a doctor."<sup>5</sup> His medical education began in earnest in 1792 soon after being removed from Princeton. John and his three classmates were caught gambling on the Sabbath. In aims of avoiding any future disgraces, Dr. Benjamin Rush retrieved John.<sup>6</sup> And for the next four years, this prodigal son served as medical apprentice to his father. John learned the practice and theory of "heroic" medicine from its most esteemed practitioner.

<sup>1</sup> Butterfield, Lyman H., ed., *Letters of Benjamin Rush*. 2 vols. 1951. Princeton: Princeton University Press. 24 April 1789, Letter to Enos Hitchcock. p511

<sup>2</sup> *Letters of Benjamin Rush*. 23 August 1786, Letter to Mrs. Julia Rush. pp394-395

<sup>3</sup> Ibid

<sup>4</sup> Ibid

<sup>5</sup> Ibid. p395

<sup>6</sup> *Letters of Benjamin Rush* 19 September 1792 (footnote). pp622-23

ner. John learned the ancient techniques of blood-letting, blistering, and purging patients of their bodily humors. He would have been familiar with the crude practice of small-pox immunization before Jenner's cow-pox inoculation, and seen first-hand the destructiveness of the "American Plague,"—yellow fever—during the epidemics of the 1790s. And there's no doubt that John Rush would have become a skilled purveyor of his father's tried and true "three tens" treatment for yellow fever. This consisted of draining 10 ounces of blood, applying 10 grains of calomel, and 10 grains of jalapa as a purgative.<sup>7</sup>

Supplied with confidence in his own abilities and a growing wanderlust, in May 1796 John Rush obtained a position as a ship surgeon on a merchant ship, sometimes referred to as an "Indiaman bound for Calcutta."<sup>8</sup> Being based out of Philadelphia, it is speculative that this ship could have been captained by John's distant cousin John Ashmead,<sup>9</sup> or belonged to the French-born Philadelphia millionaire-financier Stephen Girard.

Before his departure, John's parents advised him on "morals," "health," "knowledge," and "business." They suggested that he keep a diary of daily activities; and preserve an account of every patient's name and disease. In order to preserve his own health, he should avoid alcohol, eat animal derived foods in moderation, and dress warmer than the weather would re-

quire. Most important of all, John must "remember at all times that while you are seeing the world, the world will see you."<sup>10</sup>

Although it may be interpreted as a well-meaning remark, the implication that the world was indeed watching and judging one's every move could have profound consequences for someone with a fragile psyche. Indeed, it is around this time that John began exhibiting an over-bearing self-consciousness and fervent need to preserve family honor.

In the late 1790s, several physicians and journalists began criticizing John's father for his unswerving belief that bloodletting was an effective cure-all. In 1797, when John returned to Philadelphia, he learned of a newspaper article that belittled his father's treatment of yellow fever patients in the 1797 epidemic. In lieu of writing a rebuttal, John challenged one of purported authors Dr. Andrew Ross, to a duel. When Ross refused to accept, Rush tracked him down and attacked him on the streets of Philadelphia.<sup>11</sup>

In March 1800, John traveled to New York City to challenge his father's arch-nemesis, William Cobbett (aka, Peter Porcupine) to a duel. Cobbett's attacks on Benjamin Rush in the *Porcupine's Gazette* and later *The Rush-Light*, were rooted in politics, but went far to defame the physician's integrity of trade. Writing under the nom-de-plume "Peter Porcupine"—

which attested to his frequent barbed attacks—Cobbett called Dr. Rush "Dr. Vampire" and accused him of turning patients into victims. Cobbett and John never did fight the duel. Realizing his son's intentions, Dr. Benjamin Rush had a New York friend intercept John and send him back to Philadelphia. Cobbett would eventually leave the country and return to his native Britain to avoid paying damages after losing a libel suit to Dr. Rush.<sup>12</sup>

## NAVY CAREER

In addition to a "hot-headed" streak, John Rush suffered from an incessant desire to keep moving. And like many who sought honor and adventure, John Rush pursued a career in the U.S. Navy. He was commissioned as a Surgeon on 11 May 1798.<sup>13</sup>

Until 1828, the Navy offered two rates for physicians—Surgeon's Mate (for less experienced physicians and those without MDs) and Surgeons (usually saved for a select few. Though John did not hold a medical degree, it is easy to speculate that being his father's son helped ensure the higher rating.

Within months of his commissioning, Surgeon Rush witnessed a remarkable medical curiosity. In August 1798, he and Surgeon's Mate John Parker were in Marcus Hook, PA (just outside of Philadelphia), attending to 60 sailors suffering from various stages of yellow fever while their ships, USS

<sup>7</sup> Abraham, J. Johnston. Benjamin Rush's Death. *British Medical Journal*. Vol. 1, No. 4436. 1946. p69.

<sup>8</sup> Carlson, Eric T. and Jeffrey L. Wollock. Benjamin Rush and His Insane Son. *Bulletin of the New York Academy of Medicine*. Vol. 51, No. 11, December 1975. p1321

<sup>9</sup> John Ashmead (1738-1814) was a first cousin of Dr. Benjamin Rush and captain of the merchant ship India.

<sup>10</sup> *Letters of Benjamin Rush*. May 1796, "Directions for John Rush." pp776-777

<sup>11</sup> Carlson and Wollock, p1321

<sup>12</sup> Daniel, Marcus. *Scandal and Civility: Journalism and the Birth of American Democracy*. New York: Oxford University Press. 2009

<sup>13</sup> John Rush Alumni Records. University of Pennsylvania Archives

*Ganges* and USS *Retaliation* lay off shore. Among their patients was a 19-year-old Ordinary Seaman named James Clark. Believing he suffered from the fever, Rush and Parker bled 24 ounces of blood and purged Clark with a dose of calomel. On the second day, with his pulse becoming increasingly weak, Clark was given a smaller dose of calomel and rubbed down with mercury. With treatment like this it may not be surprising that he was soon pronounced dead and placed in a coffin. Later in the afternoon, Rush reexamined the “lifeless” corpse and noticed that it had regained its coloring. Though there was no pulse, he placed a small mirror before the mouth to detect any signs of breathing. Still nothing. Even so, Rush believed he could detect a trace of warmth in the epigastric region. Surgeon Rush then ordered that the body be covered with warm ashes from a cook’s fire and that warm brandy be poured down Clark’s throat every half hour. When Rush returned the next day he found Clark sitting up and eating soup. Rush would go on to publish this miraculous medical study of “the brandy treatment.”<sup>14</sup>

## NOTION OF HONOR

In the fall of 1798, Rush arguably became the first U.S. Navy physician to challenge a fellow officer to a duel. The target of his fury was LT Archibald McElroy

who, like John’s other opponents, refused to take part.<sup>15</sup> Instead, McElroy and his father complained to Dr. Benjamin Rush. In another Navy first, that saw the end of his Navy medical career, Surgeon Rush traded his appointment as Surgeon for a line commission in March 1799, after just 10 months in service.<sup>16</sup> These erratic and sometimes aggressive acts were becoming increasingly prevalent.

He resigned his commission on 29 January 1802 but with no prospect as a former line officer in Philadelphia, he returned to medicine. In 1804, John Rush obtained a medical degree from the University of Pennsylvania; his medical thesis was entitled “Causes of Sudden Death and the means of preventing it.”<sup>17</sup> But again, medicine was a short-lived career option. He reentered the Navy in September 1805 as a “Sailing Master” commanding gun boats.<sup>18</sup>

## MADNESS!

On 15 December 1807, Dr. Benjamin Rush wrote to John Adams that “My whole family were deeply afflicted for a few days with an account of a duel fought by my son John at New Orleans... He intended to waste his fire, but was led to do otherwise by being assured his antagonist intended ‘to kill or to be killed.’”<sup>19</sup> John Rush’s combatant and victim on that day, 1 October 1807, was LT Benjamin Turner. Like Rush, he was a com-

mander of a naval gunboat in New Orleans. Turner had joined the Navy in 1800 and served at Tripoli under Commodore Preble where he proved himself to be an excellent officer. However, when he was challenged to a duel by a fellow officer Turner declined. He was called a coward by his shipmates and ostracized.<sup>20</sup> In a strange twist of events, when Rush defended Turner and attempted to make light of their actions, Turner turned on his ally. Was Rush an easy target or did the former Navy surgeon instigate a conflict? In any case, Turner challenged Rush to a duel to the death.<sup>21</sup> It was a mistake that would lay heavy on Rush’s life for the next 30 years.

Upon Turner’s death, Rush was arrested and imprisoned for several weeks before returning to command a gunboat. From here his career hopes and mind would precipitously unravel. In September 1808, Rush was cited for negligence of duty. Charges included sending a servant boy in his place to inspect passing merchant vessels. At the same time, two local planters accused Rush’s men of firing on two civilians ashore.<sup>22</sup> In October 1808, the pressure proved too much. He tried to take his own life but killed nothing except his naval career. Soon after, Commandant of the Naval Station New Orleans, David Porter ordered Rush to settle his accounts with the purser and report to the Secretary of the Navy in

<sup>14</sup> Langley, Harold D. *A History of Medicine in the Early U.S. Navy*. Baltimore: The Johns Hopkins University Press. 1995. pp67-68

<sup>15</sup> Carlson and Wollock, p1321

<sup>16</sup> Langley, p49

<sup>17</sup> Alumni Records

<sup>18</sup> Carlson and Wollock, pp1322-23

<sup>19</sup> *Letters of Benjamin Rush*. 15 December 1807, Letter to John Adams. pp958-59

<sup>20</sup> Ibid

<sup>21</sup> Carlson and Wollock, p1312

<sup>22</sup> *Letters of Benjamin Rush*. (footnote) p959



Washington, DC.<sup>23</sup> But in February 1809, Rush was still in New Orleans and being kept at the naval hospital.

In a letter to his former professor, the American surgeon John Syng Dorsey, Surgeon Samuel Heap, USN, wrote that “since 15th December [John Rush has] been insane, [and] has made several attempts to destroy himself.”<sup>24</sup> Pointing out that the naval hospital could not properly take care of Rush, Heap suggested he be sent back to Philadelphia where he could “derive the advantages of his Father’s attention at the Pennsylvania Hospital.”<sup>25</sup>

Rush was transported to Washington in October 1809 on a boat carrying Commodore John Rodgers and his family back to Maryland. But the Navy could not find anyone to take Rush back to Philadelphia. When he learned of his son’s arrival, Dr. Benjamin Rush sent his 19-year-old son, Benjamin Jr. and a family servant named William to pick him up.<sup>26</sup>

Upon seeing his son for the first time in five years, Benjamin Rush expressed shocked emotions. “Ragged clothes, disheveled hair, long nails and beard and a dirty skin, with dejected countenance accompanied with constant sighing and an unwillingness to speak or even answer a question, and an apparent insensibility to the stron-

gest expressions of parental and fraternal affection, constituted the object that was introduced into my family.”<sup>27</sup> John’s condition is described as being possessed by a deep “gloom.”<sup>28</sup> John was confined to a cell at Pennsylvania Hospital and would spend the remainder of his life institutionalized. John died at the hospital on 9 August 1837 and was laid to rest in Philadelphia’s Christ Church Burial Ground (Section M, Plot LXXX) near his father.

We are afforded a final glimpse of John’s later in life, through the writings of the American surgeon, Dr. Samuel Gross. Gross visited the hospital in 1828 with the American actor Edwin Forrest who was looking for inspiration of “deep seated melancholy” for his interpretation of King Lear. Gross would write that, “At the time of our visit the insane were confined in the basement story of the building, and Rush was in the habit of pacing to and fro in the corridor, with his hands behind his back, engaged in incoherent mutterings... Through the grating in the heavy iron door of the corridor Forrest stealthily studied the conduct of the demented duelist. He visited the hospital a number of times, and finally came away perfectly convinced of the madness of Lear.”<sup>29</sup>

It is interesting to note that, in an age before medical specialty,

John’s father earned the reputation as being America’s first alienist<sup>30</sup> (i.e., psychiatrist) for his work and writings on mental illness. He was considered humane in his treatment of so-called lunatics and even oversaw the construction of Pennsylvania Hospital’s sanitarium. His famous medical treatise, *Medical Inquiries and Observations Upon the Diseases of the Mind* (1812) contains a very haunting case of a patient who, according to the text, was admitted to the Pennsylvania Hospital in 1803. This patient is said to have become deranged “from remorse of conscience in consequence of killing a friend in a duel. The patient’s only cry was, for a pistol, that he might put an end to his life. I told him, the firing of a pistol would disturb the patients in the neighboring cells, and that the wound made by it would probably cover his cell with blood, but that I would take away his life in a more easy and delicate way, by bleeding him to death, from a vein in his arm, and retaining his blood in a large bowl.”<sup>31</sup> Was the good doctor talking about his son or was this just another irony in the life of the great Benjamin Rush? ~ABS

<sup>23</sup> Carlson and Wollock, p1315

<sup>24</sup> Ibid, p1316

<sup>25</sup> Ibid

<sup>26</sup> Ibid, p1317

<sup>27</sup> *Letters of Benjamin Rush*. 1 January 1811, Letter to Thomas Jefferson, p1074

<sup>28</sup> Ibid, p1014.

<sup>29</sup> Carlson and Wollock, p1329

<sup>30</sup> The term “Alienist” comes from the French word “Aliéné” meaning “to be estranged from.” As the name implies, alienists were physicians who worked with individuals that for whom it could be said were estranged from their minds.

<sup>31</sup> Rush, Benjamin. *Medical Inquiries and Observations Upon the Diseases of the Mind* (3rd Edition) Philadelphia: J. Grigg, No. 9, N. Front Street. 1827. p127

## *Modern Medicine on Yesterday's Problems*

## **SYPHILIS ABOARD USS *IDAHO* IN 1869**



Sketch of the Navy hospital and supply ship,  
USS Idaho, circa 1869.  
*BUMED Library and Archives*

*In 1869, while docked off of Yokohama, Japan, USS Idaho earned the distinction of being the first Navy hospital ship to serve with the Asiatic fleet. And as it has throughout the Navy in the pre-penicillin age, syphilis and the means of controlling it was a major concern for medical personnel serving aboard this ship. Having no cure-all at his disposal, one Navy surgeon developed an inventive way of treating patients suffering from the disease. The story of this treatment would later be published by the assistant surgeon aboard the Idaho, Dr.*

*Jerome Kidder. When one reads his report, one may invariably think of what Sir Francis Bacon once told us of illness. Sometimes the remedy is worse than the disease.*

*In this new section of The Grog Ration called “Modern Medicine on Yesterday’s Problems,” we will present excerpted accounts of medical problems and treatments of yesteryear and then follow up with present-day interpretations by military and civilian medical specialist serving with the U.S. Navy today.*

### **PART I: Treatment of Syphilis Aboard USS *Idaho***

Excerpt from Dr. Jerome Kidder’s “Report Upon Venereal Diseases in Japan as Observed on Board the U.S. Hospital-Ship Idaho During Twenty-Two Months.” *Sanitary and Medical Reports for 1873-74 by Officers of the U.S. Navy*. Washington: GPO. 1875. p536

Aboard the *Idaho* syphilitics “were greatly benefited by fumigation, for which purpose calomel and an extemporaneous apparatus were employed until the winter of 1869, when Surgeon [Albert] Gihon procured the construction of a frame covered with canvas, within which the patient was inclosed [sic] as in a box. While applying fumigation mercury was not administered internally, but the patient was caused to inhale the fumes of the vaporized drug to as great an extent as possible. Calomel<sup>1</sup> was the form employed, because of the suffocating nature of the fumes of the otherwise to be preferred cinnabar.”

<sup>1</sup> Calomel – A colorless, white or brown tasteless compound,  $\text{Hg}_2\text{Cl}_2$ , used as a purgative and insecticide. Also called mercurous chloride.

**M**ercury found in calomel and cinnabar are both toxic, but the toxicity of calomel was not known in 1869. Mercury was used from the 1500s, shortly after syphilis was introduced to Europe from the “New World,” and was the standard treatment for syphilis (also known as the “Great Pox” as distinguished from the “smallpox”) up until the early 1900s. We now know that chronic mercury poisoning gives severe mental symptoms and shakiness that eventually incapacitate, as evinced by the “Mad Hatter” of who acquired his madness by inhaling mercury in the felt dust from hat bands. Mirror makers in Venice on the island of Murano had been observed as early as the 1600s for having this madness, now known to be from mercury vapors from the mirror backing.

Calomel was used as an ointment, as an oral preparation (in which form it was also a strong laxative, thought to be very therapeutic in the 1800s), or in vapor baths. Historians assess the effectiveness variably from ineffective to not very effective, but it was not until the early 1900s that single cases were put together by academic doctors into groups of patients for medical statistical comparison. One such early medical scientist, Dr. Wagner-Juregg of Austria discovered that high fever improved outcome for syphilis (the organisms are temperature sensitive in the brain). He demonstrated in 1914 that giving malaria to se-

verely syphilitic patients with what was known as “general paralysis” would cause a cure in up to a third of them.<sup>1</sup>

This treatment of severe late stage syphilis, and even of earlier stages of syphilis, with malaria was a treatment option to mercury in the early 19th century, and continued into the 1950s when penicillin became the first truly effective treatment of choice. It is likely that patients admitted to Naval Hospital Washington, DC, in the early 1900s, would have been treated with calomel vapor baths or with malaria.

Kidder’s article interestingly shows that the ship’s surgeon was aware of harmful side effects, and protected sailors from them as it states “Calomel was the form employed, because of the suffocating nature of the fumes of the otherwise to be preferred cinnabar.”

Secondly, and most interesting, this report was likely notable in 1869 for an innovative way of adapting ashore treatment (i.e., vapor bath) to shipboard environment via the “procured the construction of a frame covered with canvas, within which the patient was inclosed [sic] as in a box.” This likely represented a therapeutic advance for navy medicine aboard its hospital ship, bringing it more into line with treatments used ashore. ~RCM

**U**ntil 1909, physicians treated syphilis patients “with mercury, either orally, in vapor baths, or topically. They based the use of mercury on the ancient theory of humors and health. Mercury caused salivation, which, it was believed, removed the humors causing the ailment. Modern observers have suggested that high doses of heavy metal therapy probably neared lethal rates, with many symptoms attributed to syphilis likely the result of mercury intoxication.”<sup>2</sup> This treatment was ineffective against syphilis. Between 1909 and 1940, Salvarsan, an arsenic compound, was used to treat syphilis. Though effective, it had to be administered intravenously and was very unpleasant. Since WWII, penicillin has been used as the treatment of choice for syphilis. ~MRD

## ABOUT THE AUTHORS

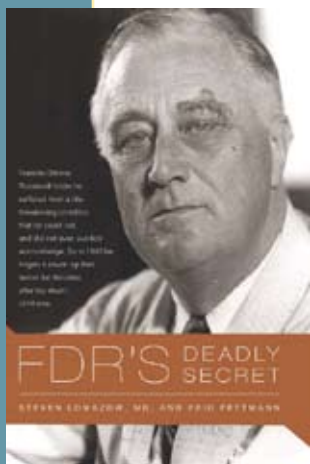
Dr. Robert C. Morrow is a Preventive Medicine Program Manager and Policy Officer at the Bureau of Medicine and Surgery in Washington, DC.

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<sup>1</sup> Haagensen and Lloyd, *One Hundred Years of Medicine*. Description available at [http://www.beardbooks.com/beardbooks/a\\_hundred\\_years\\_of\\_medicine.html](http://www.beardbooks.com/beardbooks/a_hundred_years_of_medicine.html).

<sup>2</sup> Brandt A, *No Magic Bullet*, New York:Oxford Univ Press. 1987, pp11-12





## Review

### *FDR's Deadly Secret*

by Steven Lomazow, MD, and Eric Fettman

Publisher: Public Affairs Press

Publication Date: January 2010

Hardcover: 296 pages

ISBN: 978-1-58648-744-7

The authors of *FDR's Deadly Secret* offer the reader a good story. The book is an easy read and accessible for the general public. The subject is extensively researched, with excellent references, footnotes and a wonderful bibliography. The book is said to present "a profound historical revelation" about Franklin Delano Roosevelt's health, revealing material that many of FDR's historians have missed. However, at the end of the day we are left with speculations and theories but little new factual evidence.

The basic premise of the text is that FDR died of metastatic melanoma to the brain and gastrointestinal tract. This is not a new idea; note 850,000 hits on Google. The problem that every other historian and writer of Roosevelt's health has run into is that there are rare medical records, no biopsies showing cancer and an autopsy was never done. All one can do is try to build a good story.

The book is as much about FDR as about his personal physician Dr. Ross McIntire, who was Navy Surgeon General (1938-1946), as it is about the President. In an early section of the book, the authors praise McIntire for his care, but

later accuse him of "willfully" deceiving the press and the entire nation" about the state of FDR's health. I would argue that McIntire honored the physician-patient relationship. It was his patient's responsibility to tell the nation of his problems not his.

In another instance, the authors state that McIntire was "caught asleep at the wheel." A Laboratory slip (on page 81) shows a hemoglobin of 4.5 grams, a sign of a severe blood loss but the authors fail to explain the hematocrit of 31%! This is an impossibility, one of these numbers is wrong. Which one? FDR had known hypertensive cardiovascular disease. This disease affects not only the brain and heart but the kidneys. FDR probably had an element of chronic kidney failure and anemia which is quite common with this condition. In the 1940s there was no treatment for it. There was a question of a gastrointestinal bleeding which McIntire attributed to hemorrhoids. If the hematocrit was 31% and the hemoglobin an error then treatment would be iron administered either orally or by injection.

There is no question that Roosevelt was a sick man as

photographs from 1940 to 1944 reveal, but was he actively dying? Dr. Lomazow, a neurologist, did note two new physical findings. Roosevelt had some type of seizure disorder (petit mal?) and a visual field defect. The latter finding is nicely illustrated from a speech by Roosevelt. Did these problems cause intellectual impairment? That case is not proven and in fact the authors point out that FDR's ability to correct for his visual field defect seems to confirm just the opposite.

The book leaves us with more questions than it answers. There are lots of issues surrounding serious illness of any president. For example, what is the responsibility of the president's physician to the general public even if he is the Surgeon General? I wish the authors had concentrated on their main premise rather than trying to give answers to all the various issues. These concerns aside, the book is still a good read for the general public.

#### ABOUT THE REVIEWER

Dr. Paul Berman is a noted medical historian and a member of the Society for the History of Navy Medicine.

# Scuttlebutt:

medical and nautical history news,  
notes, and miscellany

## MONUMENT TO NAVAL HOSPITAL IS UNVEILED

On December 7th, 2009, on the base of the Naval Weapon Station Seal Detachment Corona in Norco, CA, the Lake Norconion Club unveiled a monument to the Naval Hospital (and former resort hotel) that still stands. This memorial plaque reads as follows:

“The United States Naval Hospital Corona (Norco)

December 8, 1941 - October 15, 1957

A 700-acre medical complex, built on the former Norconian Resort, that pioneered new treatments of polio, malaria, tuberculosis, and advancements in physical rehabilitation and radiology.

Famous visitors included: Eleanor Roosevelt, Helen Keller, Sister Kenny, Joe DiMaggio, and Bob Hope.

Patients included Baseball Hall of Famer Bill Veeck, movie star Louis Hayward, famed [Navy] war hero Dr. Corydon M. Wassell, and sailors and marines from the bloodiest battles of the Pacific Theatre, including: Pearl Harbor, Guadal Canal, Tarawa, Okinawa, Peleliu, The Philippines and Iwo Jima.

The hospital went on to serve wounded veterans from the Korea War making stunning advancements in the treatment of burns and psychological rehabilitation.

We honor the doctors, nurses, [hospital] corpsmen and WAVES who made it their mission to heal and repair those many sailors and marines who sacrificed so much for our country.”

December 7, 2009

## HISTORY OF U.S. MILITARY PROSTHETICS AND ORTHOTICS

Recently, the website [www.oandplibrary.org](http://www.oandplibrary.org) has gone far to capture the history and remarkable progress of orthotics and prosthetics in the Army and Navy. CPOs Charles King, Paul Prusakowski, and Jon Shinn established this free resource for practitioners and medical historians alike. Website visitors will find an ever-growing collection of photographs, video, and original documents relating to the field including material that tracks the pioneering work of the Naval Prosthetic Research Laboratory and CAPT Thomas Canty, MC, USN, at naval hospitals Mare Island, and Oakland, CA, in the development of below-the-knee prostheses.

# GORDIAN KNOTS

Today, the Navy hospital ship serves as one of the most visible symbols of the Navy Medical Department. But this was not always the case. You could say that our ships did not always look the part. The hulls of our first hospital ships—i.e., Red Rover, Ben Morgan, and Idaho—were not marked by the giant Geneva red crosses of later epochs. Similarly, our individual hospital ships did not always serve a medical function. It could be said that some of these ships had radically different lives before joining the Navy. In this edition of the quiz we ask you to identify the original names and/or functions of some of these hospital ships.

- 1.) What was the original name of USS *Repose* (AH-16)?
  - a.) *Marine Beaver*
  - b.) *Marine Hedgehog*
  - c.) *Marine Lion*
  - d.) *Marine Capybara*
- 2.) USS *Bountiful* (AH-9) was better known as what famous ship in World War I?
  - a.) USS *Chaumont*
  - b.) USS *Chateau Thierry*
  - c.) USS *Henderson*
  - d.) USS *Hall*
- 3.) Long before it sank in San Francisco Bay, USS *Benevolence* (AH-13) was called by what name?
  - a.) *Marine Beaver*
  - b.) *Marine Hedgehog*
  - c.) *Marine Lion*
  - d.) *Marine Capybara*
- 4.) **True or False.** Before being purchased by the U.S. Navy for use in the Spanish-American War USS *Solace* (AH-2) was a merchant ship in the United Fruit Company.
- 5.) All but one of these ships originally served as troop transports.
  - a.) USS *Bountiful* (AH-9)
  - b.) USS *Comfort* (AH-6)
  - c.) USS *Samaritan* (AH-10)
- 6.) All but one of these ships served as transoceanic passenger liners.
  - a.) USS *Refuge* (AH-11)
  - b.) USS *Hope* (AH-7)
  - c.) USS *Samaritan* (AH-10)
- 7.) The only military hospital ship to be built from the keel up as a U.S. Navy hospital ship was \_\_\_\_\_.



# SOLUTIONS

## NOV-DEC 2009

### QUIZ

#### PHYSICIAN-WRITERS

- A. Doris Bell Ball (1897-1987)
- B. Biernat of Lublin (1465-1529)
- C. Mikhail Bulgakov (1891-1940)
- D. William Carlos Williams (1883-1963)
- E. Anton Chekhov (1860-1904)
- F. Michael Crichton (1942-2008)
- G. Sir Arthur Conan Doyle (1859-1930)
- H. John Keats (1795-1821)
- I. David Keller (1880-1966)
- J. W. Somerset Maugham (1874-1965)
- K. Silas Weir Mitchell (1829-1914)
- L. John W. Polidori (1795-1821)
- M. François Rabelais (1483-1553)
- N. Friedrich von Schiller (1759-1805)
- O. Arthur Schnitzler (1862-1931)
- P. Tobias Smollett (1721-1771)

*In this age of the medical specialty the literary physician almost seems like a being from a time gone by when enlightenment values still prevailed. In this edition of the quiz, we have listed the names of physicians whose notoriety came not only from their medical practice but also from their works of prose and poetry. Match their names to their respective oeuvre.*

#### ANSWERS

- 3. *Death at the Medical Board*
- 7. *The Life of Aesop the Phrygian*
- 10. *The Master and Margarita*
- 16. *White Mule*
- 9. *The Looking Glass*
- 2. *The Andromeda Strain*
- 12. *A Study in Scarlet*
- 11. *Ode to a Grecian Urn*
- 13. *The Thing in the Cellar*
- 4. *Of Human Bondage*
- 5. *Hugh Wynne*
- 15. *The Vampyre*
- 8. *The Life of Gargantua and of Pantagruel*
- 14. *Turandot*
- 6. *La Ronde*
- 1. *The Adventures of Peregrine Pickle*



### **About *The Grog Ration***

*The Grog Ration* is a bi-monthly publication dedicated to the promotion and preservation of the history of the Navy Medical Department and the greater field of maritime medicine. Articles and information published in *The Grog Ration* are historical and are not meant to reflect the present-day policy of the Navy Medical Department, U.S. Navy, and/or the Department of Defense.

Here at "The Grog," we are ALWAYS looking for engaging articles and news pertaining to the history of nautical medicine. If you would like to submit an article or news feature for publication, or if you have a lead for a story, please contact us at:

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